

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1C1038939

FILING DATE

09/19/07

APPLICANT(S)

CLAIMS										
IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
		IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1	/					51				
2						52				
3						53	cancel			
4						54				
5	Canceled					55				
6						56				
7						57				
8						58				
9						59				
10						60				
11						61				
12						62				
13						63				
14						64				
15						65				
16	Canceled					66				
17						67				
18						68				
19						69				
20						70				
21						71				
22	Canceled					72				
23	2					73				
24						74				
25						75				
26	Canceled					76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34	Canceled					84				
35	1					85				
36	Canceled					86				
37	1					87				
38	Canceled					88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47	1					97				
48						98				
49						99				
50						100				
TOTAL IND.	4					TOTAL IND.	4			
TOTAL DEP.	30					TOTAL DEP.	71			
TOTAL CLAIMS	34					TOTAL CLAIMS	75			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS